05/15/2013 08:26PM 985-594-7428

ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

2013 MAY 16 PM 1: 45

#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368 Baton Rouge, Louisiana 70821

# TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

	(ANNUAL)	-
⊠ORIGINAL REPORT	This Report Covers Calendar Year: 2012	
☐AMENDED REPORT		
I currently hold an offic As such, I have completed:	e that would require me to file a Tier 3 Personal Financial Disclosure Statement. SCHEDULE E.	
Name of Filer (print full	name) Theresa-Marie Ellender	-
<b>Mailing Address</b>	239 HWY 55	
City, State, Zip	Bourg, LA 70343	_
Name of Board/Com	mission (no abbreviations): Louisiana State Board of Electrolysis Examiners	_
Date of Appointm	nent: April 2010	
Date Appointmen	nt Expires: April 2016	
Name of Spouse (print	full name) Wallace Richard Ellender	_
Spouse's Occupa	tion Farmer	_
Principal Busine	ess Address 239 HWY 55	
City, State, Zip B	ourg, LA 70343	
CHECK ONE:		
contract, or business,	mber of my immediate family, have a personal or financial interest in any entity, or a personal or financial relationship, that in any way poses a conflict of intest, ne impartial performance of my duties as a member of the board or commission and actions I am taking to resolve or avoid the conflicts.	E I HICS P
Check all that apply:	6 62	<b>E</b>
_	come tax return for the previous year.	
	nsion of my state income tax return for the previous year.	
	income tax return for the previous year.	7 4
NOTE: La. R.S. 42:	nsion of my federal income tax return for the previous year. :1124.2.1 does not provide you the opportunity to request an extension in filing your I disclosure statement.	is if the second
	Certification of Accuracy	
I do hereby certif	y that the information contained in this personal financial disclosure statement is true	
and correct to the best of	f my knowledge and belief.	2

Form 417

Signature of Filer

Check if not applicable

ELLENDER FARMS INC

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#### **LOUISIANA BOARD OF ETHICS**

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## **Schedule A: Employment Information**

⊠Filer	□Spouse	∏Full-Time	⊠Part-Time	
Name o	f Employer:	The Hairinator		
J	ob Title: Ow	ner		
,	ob Descripti	on: Permanent hair removal	l (Electrologyst)	
□Filer	⊠Spouse	⊠Full-Time	Part-Time	
Name o	f Employer:	Ellender Farms, Inc.		
	Job Title: Pre	sident		
Job Description: Sugar Cane Farmer				
Filer	☐Spouse	□Full-Time	Part-Time	
Name o	of Employer:			
	Job Title:			
Filer	<b>□</b> Spouse	□Full-Time	e Part-Time	
Name o	of Employer:			
	Job Title:			
	Job Descript	ion;		

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is fulltime or part-time.

ELLENDER FARMS INC

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#### **LOUISIANA BOARD OF ETHICS**

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### Schedule B: Income from the State, Political

Check if	not applicable	Supalvisions,an	o/or Ga	ming interests	
⊠Filer	□Spouse	Business (where amou	nt of interest	exceeds 10%)	
		Type of Income:	⊠State	$\square$ Political Subdivision	☐Gaming Interest
Name of B	usiness (if appl	licable):	···		
Name of Ir	Name of Income Source: Louisiana State Board of Electrolysis Examiners				
Add	lress: P.O. Box 8	32830			
City	7, State, Zip: Bat	ton Rouge, LA 70884			
Amount of Income (exact dollar amount): \$ 150.00					
∏Filer	□Spouse	Business (where amou	nt of interest	exceeds 10%)	
		Type of Income:	□State	☐Political Subdivision	☐Gaming Interest
Name of B	usiness (if app	licable):	-		·
1					
Add	Address:				
Amount of Income (exact dollar amount): \$					
⊠Filer	□Spouse	Business (where amou	nt of interest	exceeds 10%)	
		Type of Income:	□State	☐Political Subdivision	☐Gaming Interest
Name of Business (if applicable):					
Name of Income Source:					
Address:					
City, State, Zip:					
ļ		t dollar amount): \$		-	

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

<sup>&</sup>quot;"Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\*</sup> Income" (for an Individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

<sup>\*</sup> The definitions for (and examples of) political subdivision, gaming interest, and business are found in the instructions Section of this form.

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#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368 Baton Rouge, Louisiana 70821

#### **Schedule C: Positions - Business**

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man and the sector				
:				
Name of Business: Ellender Farms, Inc.				
<u>An ann an an Air</u> ach an Air				

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>and</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>&</sup>quot; "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368 Baton Rouge, Louisiana 70821

## **Schedule D: Positions - Nonprofit**

Check if not applicable
□Filer ☑Spouse
Name of Organization: American Sugar Cane League
Address: 206 East Bayou Road
City, State, Zip: Thibodaux, LA 70301
Nature of Association: Sugar cane farmer professional association
Description of Organization: Promotes the welfare of sugar cane produced in Louisiana
Filer Spouse
Name of Organization:
Address:
City, State, Zip:
Nature of Association:
Description of Organization:
□Filer □Spouse
Name of Organization:
Address:
City, State, Zip:
Nature of Association:
Description of Organization:

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#### **LOUISIANA BOARD OF ETHICS**

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## Schedule E: Other Offices/Positions Held

1100-44		 
Name of Office/Position:	Address State of the Control of the	
Name of Office/Position:		

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#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368 Baton Rouge, Louisiana 70821

### **Schedule F: Contributions**

Check if not applicable (made within one year or appointment -	In excess of \$1,000)
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution or Loan: \$	
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution or Loan: \$	<u> </u>
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution or Loan: \$	
Date of Appointment:	
Compensation: \$	
Candidate Name:	<u></u>
Amount of Contribution or Loan: \$	
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution or Loan: \$	

<sup>\*</sup> You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.

<sup>\*</sup> You are only required to disclose contributions or loans made within one year of appointment.

<sup>\* &</sup>quot;Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

<sup>&</sup>quot;Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public affice, whether made before or after the election.

<sup>\* &</sup>quot;Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.